



## Agreement for Cellular Telephone/PDA Allowance

I am requesting an allowance for  cellular telephone service (\$25.00 per month) and/or  PDA (personal digital assistant) service (\$50.00 per month) payable by Volunteer State Community College. Justification for the request is as follows:

***Check all that apply.***

- I am required to respond to critical system failures or service disruptions.
- I am required to have immediate communications capability to address issues/problems/emergencies.
- I routinely travel off-site on VSCC business.

As the employee receiving the monthly allowance, I understand that I will be responsible for providing a copy of my cell phone/PDA service agreement to the Office of Payroll Services. In addition, I understand that I must maintain service for the eligible device(s) and that VSCC is only responsible for the agreed allowance. Should my employment responsibilities change wherein I no longer meet the requirements to receive the allowance or if I discontinue use of the eligible device(s), I am responsible for immediately notifying the Office of Payroll Services.

I have been provided a copy of VSCC Policy IV:06:02 Employee Cellular Device(s) Service Allowance and agree to the terms and conditions set forth in the policy. I understand that the monthly allowance will be a taxable fringe benefit and reported on my Form W-2.

Employee Name: \_\_\_\_\_

Employee Position: \_\_\_\_\_

Employee Department: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Cellular Telephone Number:

Monthly Allowance:

(Provided by VP

Business & Finance)     \$ \_\_\_\_\_

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

**Approvals:**

\_\_\_\_\_  
(Employee's Director/Supervisor)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employee's Vice President)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Vice President Business & Finance)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(President)    if applicable

\_\_\_\_\_  
(Date)

**A copy of the form must be provided to the Office of Payroll Services for tax purposes.**